

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

FEB 14 2011 Maine Eirlics Commission

2010 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2010 through December 31, 2010

Please file this statement with the Clerk of the House or Secretary of the Senate by 5:00 p.m. on February 18, 2011. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Name Henne EM. R	ecle	Office: GHouse G Senate						
Mailing address	and the control of the second and the control of the second and the control of the second and th	District						
LPO BOX 1723		46						
City, zip code	en 1	Phone						
Laterily ME	14403	834-4343						
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER								
List the name and address of each employer from who economic activity of each employer.	om you received compensation of \$1,000 o	or more. Specify the principal type of						
☐ None		от на						
Name of Employer	Address	Principal Type of Economic Activity of Employer						
State of Maine A	ujusti, ME	government/legislative						
AAA Northern New England Po	ososti, ME Aland, ME	Custamor Service						
777771.h.h								
		3						
PART 2. INCOME DERIVED	FROM SELF-EMPLOYMENT OR LAV	V PRACTICE						
A. List the name and address of your business or law firm, if any, and list the major areas of economic activity or practice from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity or practice of that entity.								
None		Notes (штамы элемер 19-ингриярия) от 1988 (1984 об оборной на 1985) (1984 войной начиная в навиграм (1985) (1984)						
Name and Address of Business Entity or Law Firm	Major Areas of Economic Activity/ Law Practice (self)	Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)						
Name:	The state of the s							
Address:								
Name:								
Address:								

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT					
B. List each source of income derived from self-employment or law practice that represents more than 10% of your gross income or \$1,000, whichever is greater, and specify the principal type of economic activity of the entity or person from whom you derived such income. If this form of disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type of economic activity of the entity or person from whom the income was derived.					
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income				
Name:	MATERIAL SALES				
Address:					
Name:					
Address:					
	DURCES OF INCOME				
List each source of income of \$1,000 or more not listed in Parts 1 or 2 box.	of this form. Do not include gifts or honoraria. If none, check the				
☐ None	· · · · · ·				
Name and Address of Source	Kind of Income (investments, leases, etc.)				
Name: Murphy Revello Trust Address: 1883 Via Ferrari, Lafayatti	real estate				
Address: 1883 Via Ferrari, Lafamette	<u> </u>				
Name:					
Address:					
Name:					
Address:					
PART 4. REPORT	ABLE LIABILITIES				
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the reporting period, and list the major areas of economic activity of each creditor. Do not list credit card liabilities, educational loans, loans from a relative, or business loans from regulated financial institutions. If none, check the box.					
None					
Name and Address of Creditor	Principal Type of Economic Activity of Creditor				
Name: η/α					
Address:					
Name:					
Address:					
PART 5. REPORTABLE GIFTS					
List the specific source of gifts received during the reporting period with an aggregate value of more than \$300. If none, check the box.					
None					
Name of Source of Gift 1. \(\sum_{\lambda} \sum_{\lambda} \)	Name of Source of Gift 3.				
2.	4.				
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PART 6. REPORTABLE HONORARIA						
List the source of any honoraria accepted for appearances or	speeches. If none, check the box.					
None						
Name of Source of Honoraria	Name of S	Source of Honoraria				
	3./4					
2.	4.					
	FATION BEFORE STATE AGENCIE					
List each executive branch agency before which you represe box.	ented or assisted others for compensation	on of any amount. If none, check the				
None		ethologica mendicular meter di dicina di mendicular di mendicular mendicular mendicular mendicular mendicular d				
Name of Agency	Nam	ne of Agency				
1.	3.					
2.	4.	Arteel Missel Control and Arteel Arte				
PART 8 RIISIN	ESS WITH STATE AGENCIES					
List each executive branch agency to which you or a member	er of your immediate family sold goods	or services with a value in excess of				
\$1,000 during the reporting period. Indicate whether you or a None	family member sold the goods or service	es. If none, check the box.				
Name of Agency	Nam	ne of Agency				
1.	3. N/A					
2.	4.	4.				
	D BY MEMBERS OF IMMEDIATE F					
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind of \$1,000 or more, list his or her name and job title. List only the not include gifts.	of income represented. If your spouse	or domestic partner received income				
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Kind of Income				
	1. 1/2	1.				
Name:	2.	2.				
Job Title:	3.	3.				
Dependent Child(ren) - Job Titles Only						
Job Title:		nto de milio - t-uro i de sua estado - usa mesa estado - usa mesa estado entre entre entre entre entre entre e				
Job Title:						
Job Title:						

		CEATA CONTRACTOR AND	ICER OR DIRECT			
held any office	e, trusteeship, director	oration, firm, association, porship, or position of any n member listed, indicate y	nature. Indicate whe	ether you or a family held	d the position and wh	diate family nether the posi-
☐ None		THE CONTRACTOR CONTRAC	children solvenskova kredinen kingenskili (d.d. A. hallan)	Shows and a sea and provided the field of the property of the	eminimized (CAV Annihi (SAP Annihi (SAA) Annihi (SAA) Annihi (SAA) Annihi (SAA) Annihi (SAA)	hander (included by 1999) in the charles (in t
	Organization/Bu and Addres		Title	Position Held By:	Family Member's Name	Compen- sated?
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	Signature	<u></u>	STREET,		Date	
			FIONAL INFORMA			
Please provid the informatio	le any additional in on you are providing	nformation below (and og. Use additional page	on additional sheetes, if necessary.	ts if needed). Indicate	e the part or section	on number for
Part/Section Number						
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